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PTO/SB/21 (08-03) Approved for use through 07/31/2006, OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are requ	Application Number		эмь солио питовг.
·	Filing Date	10/040,314	PECEIVED
TRANSMITTAL	First Named Inventor	1/3/2002 Roy Messing	RECEIVED CENTRAL FAX CENTER
FORM	Group Art Unit		
(to be used for all correspondence after initial filing)	Examiner Name	2161	MAR 2 4 2005
		AL HASHEMI, SANA A	
Total Number of Pages in This Submission 27	Attorney Docket Number	CE1-005US	
	RES (check all that apply)	·	
Fee Attached Licer Petit Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority	ion to Convert to a isional Application or of Attomey, Revocation nge of Correspondence	After Allowance C to Group Appeal Communit of Appeals and Int Appeal Motics, Brit Proprietary Inform Status Letter Other Enclosure(: identify below):	cation to Board terferences cation to Group of, Reply Brief) nation
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Individual Name Signature			
Date 3/24/05			
CERTIFICATE O	F TRANSMISSION/MAILI	NG	
I hereby certify that this correspondence is being facsimile tran with sufficient postage as first class mail in an envelope address 1450 on the date shown below.	smitted to the USPTO or dep	osited with the United States Po	
Typed or printed name Cheryl Bolas		-	
Signature Clery Dre	ko	Date 3/24/	05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, properting, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form sudors suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Under the Panerwick Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/040,314 FEE TRANSMI 1/3/2002 Filing Date For FY 2005 Roy Messing First Named Inventor AL HASHEMI, SANA A Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2161 Art Unit TOTAL AMOUNT OF PAYMENT 560.00 Attorney Docket No. (\$) CE1 -005US METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order None Other (please identify): Deposit Account Deposit Account Number. 12-0769 Lee & Hayes, PLLC Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Ege (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 160 Plant 100 150 80 300 500 250 600 150 300 Reissuc 0 **Provisional** 200 100 Ð O 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Fee (\$) - 20 or HP =

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of inde	pendent claims paid fo	or, if greater than	13			
3. APPLICATION SIZE If the specification an for each additiona	d drawings excee			ication size fee due i: I(a)(1)(G) and 37 CF		r small entity)
<u>Total Sheets</u>	Extra Sheets			50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)						Fees Pald (\$)
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Other: 3 month E	xtension of Time					510.00
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SUBMITTED BY

Signature

Signature

Name (Print/Type)

Steven R. Sponseller

Registration No. (Attorney/Agent)

Oate 3/2 Y/05

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CE1 -005US CENTER	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		R		
Application Number 10/040,314 Filed 1/3/2002 MA For Method and Apparatus for Retrieving and Processing Data Art Unit 2161 Examiner AL HASHEMI, SANA A This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee				CE1 -005US			
Ant Unit 2161 Examiner AL HASHEMI, SANA A This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above Identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Two months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0789 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Signatures of add the inventors or assignees of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Signatures of add the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple torms if more than one asymptors to required. Submit multiple torms if more than one asymptors to required. Submit multiple torms if more than one asymptors or required. Submit multiple torms if more than one asymptors to required. Submit multiple torms if more than one asymptors to required. Submit multiple torms if more than one asymptors to required.	4			14, 2000 (11.1C 40 10)11	Filed 1/3/20	002	
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